

# What Can Be Done to Help People Now: Recommendations

Currently, 44 million people in the United States are uninsured, and at least 31 million of the non-elderly are estimated to be underinsured for a catastrophic illness such as cancer. Ample evidence indicates that even those with comprehensive health coverage may not receive the most appropriate care. Access to appropriate cancer care is the crucial fundamental step needed to relieve the desperate physical suffering, financial devastation, and loss of dignity so many people endure when cancer is diagnosed. If we lack the political will to craft and implement a national plan to address this unacceptable situation, then incremental steps must be taken to quickly remedy health care financing and delivery system elements that result in so much of the unnecessary distress now experienced by cancer patients and survivors and their families.

Continued research on the quality and equity of cancer care, outcome disparities, and related health economics and system issues is essential to guide transformation of the health care system in the coming years to better serve the public. But the people with cancer today, and their families, cannot wait for this distant relief. Therefore, the President's Cancer Panel recommends:

## Immediate Action Steps

1. Provide immediate medical coverage for the uninsured—84 percent of whom are workers and their dependents—upon a diagnosis of cancer to help ensure that no person with this disease goes untreated.
2. Address health coverage issues that contribute substantially to the financial devastation of people underinsured for cancer care costs:
  - Provide reimbursement for anti-cancer agents, supportive medications (e.g., antiemetics, pain medications), and proven chemopreventive agents regardless of method of administration.
  - Within two years, public and private payers should reach consensus on and implement a standard health benefit package for cancer care. This benefit package should be based on the best available medical evidence and should be updated regularly to reflect advances in the standard of care. The reports and deliberations of the Institute of Medicine, other groups, and consumers should be used to inform this effort.
3. Address patient and public needs for cancer information and for assistance in accessing services:
  - Provide funding to help communities coordinate, promote, and support community-based programs, including patient navigator programs, that help people obtain cancer information, screening, treatment, and supportive services.
  - Recognize that the services of non-physician personnel who are trained to conduct cancer screening, and provide cancer education and case management in varied settings are an important component of cancer care that should be reimbursed.

4. Sustain cancer care in the community by providing consistent and realistic health care provider reimbursement across states, and between urban and rural locations within states, for the cost of chemotherapy drugs and their administration.

## Longer-Term Solutions

1. Medicare, Medicaid, the Veterans Administration, the Department of Defense, the Indian Health Service, and other public payers should clarify the order of responsibility for payment for cancer care services when individual patients are eligible for benefits under more than one program. This information should be communicated promptly and clearly to those who provide cancer care services and assist patients in navigating the health care system. The existing Quality Interagency Coordination Task Force may provide a forum for accomplishing this important task.
2. Develop Federal policies to minimize bias in the provision of cancer care:
  - Raise awareness of unintended or overt bias through initial and continuing training of health care professionals at all levels, as well as administrators and others who make decisions affecting patient care.
  - Establish and implement systems for monitoring treatment equity. In addition, expand quality of care research to include issues of treatment equity.
3. Minimize disparities in the provision of cancer care by:
  - Educating primary care providers about cancer.
  - Educating all cancer care professionals about the nature and application of evidence-based medicine and about clinical trials.
  - Developing and disseminating better tools to assist health care providers in conveying information about cancer and about cancer care options.
4. Address the problems of temporary medical staffing and cultural incompatibility by establishing additional mechanisms to encourage more minorities and members of other underserved populations to enter cancer care professions. Provide incentives to encourage providers to practice in medically underserved areas.
5. Extend state-of-the-art cancer care to rural, frontier, and other underserved areas by expanding the use of telemedicine and providing a reimbursement system that facilitates expansion of telemedicine to geographically underserved areas.
6. Permit more flexible use of categorical funding where appropriate to enable states to fashion more rational and more comprehensive cancer control programs.